

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42557**

FILED MAY 15 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1934**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **6822 Bellefontaine**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)

In this community **lifetime**

3. (a) PRINT FULL NAME **Dale Vincent FINK**

3. (b) If veteran, name war **no** Social Security No. **771-104-3987**

4. Sex **male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jean Fink**

6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **December 13, 1916**
(Month) (Day) (Year)

8. AGE: Years **31** Months **4** Days **20** If less than one day hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Santa Fe Railroad**

12. Name **James J. Fink**

13. Birthplace **Greenville, Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Meagher**

15. Birthplace **Leavenworth, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jean Fink**

(b) Address **6822 Bellefontaine, KC, Mo.**

17. (a) **Burial** (b) Date thereof **5-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **5-5-48** (b) **Geraldine Holme**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **6822 Bellefontaine**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3** year **1948** hour **11** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Dec. 16,** 19**47**, to **May 3,** 19**48**, that I last saw him alive on **March 10,** 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**

Due to **Aortic stenosis, regurgitation, mitral stenosis.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9.2.5**

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury **C**

23. Signature **H.P. Baylone** (M.D. 注册医师)

Address **315 Alameda Rd., K.C., Mo.** Date signed **5/5/48**

Dr. Boughnow
226 Plaza Med. Bldg.
after 1 P.M.
Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Elmer E. Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1934

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 6822 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dale Vincent Bink

3. (b) If veteran, name war _____ 3. (c) Social Security No. 711-01-3987

5. Color or race _____
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-5-48 (Date received local registrar) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 31 day 1948 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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